

STATE OF INDIANA
COUNTY OF MARION
STATE OF INDIANA

FILED

SEP 07 2017

IN THE MARION SUPERIOR COURT
CRIMINAL DIVISION ROOM 25

MEDICAL / MENTAL HEALTH COURT INQUIRY

DATE: 9/7/2017

JID/DOB/GALLERY #: [REDACTED]

was seen in court today and voiced concern about the

following Medical/Mental Health problems:

MR.

IS NOT

GETTING MEDICATION PRESCRIBED BY HIS

DOCTOR TO TREAT HIS CANCER. HE IS

ONLY GETTING IRRUPROFEN.

☐ The court requests that inmate be evaluated & treated by mental health personnel.

☐ RELEASE OF INFORMATION: I, [REDACTED] hereby authorize Inmate Medical Services to release information contained in my Medical Record pertaining to my medical concern to the Judge in Criminal Court 25. This release is good for 60 days from the date I have signed it.

9/7/17
Date

Judge / Bailiff / Witness

Email

Date

SCAN AND SEND THIS FORM TO MCSSO-MEDICAL@INDY.GOV AND MCSSO-MEDICAL-MENTALHEALTH@INDY.GOV

MEDICAL/MENTAL HEALTH RESPONSE DATE: 9/7/17

NAME OF RESPONDING MEDICAL PERSONNEL

ID NUMBER

Medication approved, ordered, and per
nursing medical administration record
first dose given 9/7/17

[Signature]

FAX RESPONSE BACK TO COURT WITHIN TWO (2) DAYS FROM DATE IT WAS RECEIVED UNLESS NOTED BELOW

COURT FAX NUMBER 317-327-4865

☐ IMMEDIATE RESPONSE NEEDED

Faxed 9-7-17
@ 1425 RM

Form Updated: January 10, 2016

TAA/TAA